

# RETURN TO LINWOOD

## St. Paul Department of Parks & Recreation S'more Fun Program 2011 Registration Check Off List

Child's Name \_\_\_\_\_

\_\_\_\_\_ \$35.00/per child non-refundable registration fee (Checked off by staff)

\_\_\_\_\_ \$35.00/per child Activity Fee (Checked off by staff)

\_\_\_\_\_ Registration Form

\_\_\_\_\_ Emergency Information Form

\_\_\_\_\_ Release Form

\_\_\_\_\_ Fee Contract (Duplicate sent home)

\_\_\_\_\_ First week's tuition--\$150.00/per week or \$32.00/per day (Checked off by staff)

\_\_\_\_\_ Medication Permission Forms (if needed)

\_\_\_\_\_ Parent Handbook

\_\_\_\_\_ Credit Card Authorization Form

**St. Paul Parks & Recreation  
2011 Linwood S'more Fun Program  
Registration Form**

\*A \$35.00 non-refundable Registration **AND** a \$35.00 Activity Fee per child must accompany this application.

**Please Print Clearly**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Phone \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Grade(2010-11 School Year) \_\_\_\_\_ Birth Date \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Child Resides with: \_\_\_\_\_ Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father  
\_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_ Guardian

**Parent/Guardian Information-(Specify relationship to child)** \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Parent/Guardian Information-(Specify relationship to child)** \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Parent/Guardian Information-(Specify relationship to child)** \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Persons authorized to pick your child up from S'more Fun.  
Photo I.D. may be required by the staff prior to releasing your child.**

Name & Relationship to child

Address

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Helpful Additional Information**

List any condition present that may result in an emergency and correct plan of action:

List any special needs of your child (food allergies, disabilities, etc.):

Language, other than English, your child speaks or understands:

Special interests and favorite activities of your child:

Particular behavior difficulties or potential problems staff should be aware of:

Additional information that would help staff get acquainted with your child:

List names and ages of siblings:

In relation to your child, what are your expectations of S'more Fun?

Signature\_\_\_\_\_ Date\_\_\_\_\_

**St. Paul Parks & Recreation  
2011 Linwood S'more Fun Program  
Emergency Information Form**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

**Please list any health conditions (food allergies, drug allergies, etc) your child may have:**

Parent/Guardian to contact in case of an emergency: \_\_\_\_\_

**If my child becomes ill and I cannot be reached, please call:**

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**Name of Doctor/Clinic:** \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Medical Insurance Company and policy number for your child:

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**St. Paul Parks & Recreation  
2011 Linwood S'more Fun Program  
Release Form**

**Child's Name** \_\_\_\_\_

**PROGRAM**

I agree to abide by the terms and conditions of the City of St. Paul Parks and Recreation S'more Fun Program policies, of which I have received a copy, governing the enrollment of my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FIELD TRIPS**

I agree to permit my child to participate in the field trips sponsored by the S'more Fun Program. Trips planned will be posted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL EMERGENCIES**

In the case of a life-threatening emergency involving my child, I authorize the S'more Fun Program to use the paramedics to transport my child to the hospital emergency room. The child will be transported at the expense of the parent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACCIDENTAL POISONING**

In the event of accidental poison ingestion, I understand that the S'more Fun staff will contact the Poison Control Center. I hereby give my permission for the staff to administer syrup of ipecac to my child if directed to do so by a physician or the authorities of the Poison Control Center.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUNSCREEN**

My child has permission to apply sunscreen. Staff has permission to apply sunscreen to my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ANECDOTES AND PICTURES**

I grant permission to the S'more Fun Program to use my child's name, pictures, and anecdotes for the purpose of educating the public to the services available.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Fee Contract

Child's Name \_\_\_\_\_

Registration Fee: \_\_\_\_ Paid—Receipt # \_\_\_\_\_ Activity Fee: \_\_\_\_ Paid—Receipt # \_\_\_\_\_

**DATES/TIMES:** Linwood S'more Fun Program BEGINS on: Wednesday, June 15 and ENDS on: Friday, August 26

Please **CIRCLE** all of the days your child will be attending and staff will fill in remaining information.

Week	Dates	Days	Due Date	Cost	Paid	Cash/Credit Card	Receipt #
1	June 15-17	W T H F					
2	June 20-24	M T W T H F					
3	June 27-July 1	M T W T H F					
4	July 5-8	T W T H F					
5	July 11-15	M T W T H F					
6	July 18-22	M T W T H F					
7	July 25-29	M T W T H F					
8	August 1-5	M T W T H F					
9	August 8-12	M T W T H F					
10	August 15-19	M T W T H F					
11	August 22-26	M T W T H F					

**S'more Fun will be closed Monday, July 4<sup>th</sup>.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## POLICY AGREEMENT

S'more Fun **opens at 7:00 a.m.** and **closes at 6:00 p.m.**

### ENROLLMENT STATUS

*Full time status is defined as follows:* Five days a week for eleven weeks, with one unpaid vacation week allowed.

*Part time status is defined as follows:* Three or more days a week for eleven weeks, with one unpaid vacation week allowed.

### FEE PAYMENT POLICIES

The cost is \$150.00 a week and/or \$32.00 a day. Any bank service charge for returned checks will be charged to the parent. Multiple child discount (Full time status only): 1<sup>st</sup> child \$150.00/week, 2<sup>nd</sup> child \$140/week, 3<sup>rd</sup> child \$130/week.

**Tuition is due on the first day of the week** that your child attends the program. For example, if your child attends the program Monday-Friday, your tuition is due on Monday. If your child attends the program Wednesday-Friday your tuition is due on Wednesday. A \$10.00 charge will be added to your fees if tuition is late.

If your child is absent from the program, our budget demands that we must still collect a fee for that day. This includes sick and impromptu vacation days.

Field trip payments are due on the day of the field trip. A \$10.00 charge will be added to your fees if the payment is late. If your child is absent from the program on a field trip day, our budget demands that we must still collect the field trip payment.

S'more Fun closes at 6:00 PM. If your child has not been picked up by then, a late fee of \$10.00 will be charged for every five minutes past closing time. For example, if your child is picked up at 6:09 PM., you will be charged a \$20.00 late fee. A child will not be allowed to return to the program until the fee is paid. \* THIS WILL BE ENFORCED\*

**ADVANCE NOTICE FOR VACATION AND ATTENDANCE CHANGES:** Parents may remove their child from the program for up to one week and not be charged a fee, providing **a two week advance notice is given.**

**AGREEMENT:** I have read the S'more Fun parent handbook, and I agree to pay all of my child's tuition and fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_